



CONTINUING EDUCATION-SUMMARY REPORT OF COMPLIANCE
NORTH DAKOTA INSURANCE DEPARTMENT
INSURANCE EDUCATION
SFN 10924 (8-2005)

Before January 31, 2006 you must complete this form and return it along with a \$25.00 filing fee (after January 31 - \$50.00 fee) to: Continuing Education, Department of Insurance, 600 East Boulevard Avenue, Bismarck, ND 58505-0320.

If you no longer wish to hold a North Dakota insurance agent license, please sign and return the enclosed Voluntary Cancellation form (SFN 53881).

If the address below is not correct, please supply the correct address using the enclosed Licensee Change of Address (SFN 50072).

National Producer Number
Daytime Telephone Number

List below the courses taken for the 2004-2005 report. Courses must have North Dakota course numbers and completion dates between January 1, 2003 and January 31, 2006, and must not have been reported and credited for on an earlier report. If you were licensed before January 1, 2004, you must report 24 hours or more of coursework, less carryover hours, if any. The maximum carry over hours is 12 per calendar year. If you were licensed after January 1, 2004, you must report 12 hours or more.
Crop Hail Only: 12 and 6 hours, respectively. If more space is needed, use the reverse side.

Complete in full.

Date of Completion	Course Title	Course Sponsor	North Dakota Course Number	CREDIT HOURS
	Carryover hours from previous report, if any.			
	Enter the number of applicable credit hours from the list supplied by the Department, if any. Return list to Department.			
Subtotal, if any, from reverse side				
TOTAL				

You are currently licensed to sell:

I certify that I have completed the courses listed above and upon request will furnish the Commissioner of Insurance original certificates of completion as evidence of participation. Reports received after January 31, 2006 are subject to a \$25.00 late filing fee.

Signature	Date
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Use this form to list additional courses taken to meet the requirements for the 2004-2005 reporting period.

Make a copy of this form for your records.